

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**SCOTT WALKER INC**

**A. Full Name (Last, First, Middle Initial)**

**ROBERT T GRAND**

Mailing Address 730 WILLIAMS COVE DRIVE

City	State	Zip Code
INDIANAPOLIS	IN	46260

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BARNES & THORNBURG**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17A.134616**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**JULIA G GRAY**

Mailing Address P.O. BOX 246

City	State	Zip Code
WAYNESBORO	TN	38485

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17A.132710**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2015

Amount of Each Receipt this Period

200.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**KATHARINE GRAY**

Mailing Address 9808 KINGSBRIDGE RD.

City	State	Zip Code
RICHMOND	VA	23238

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

**Transaction ID : SA17A.136934**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		13		2015

Amount of Each Receipt this Period

100.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

3000.00

**Total This Period (last page this line number only)**.....